Oversight Division

Committee On Legislative Research

SUNSET REVIEW

Review of the
National Violent Death Reporting System
(NVDRS)
Section 630.915 RSMo

Sunset Review

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Section 630.915 RSMo

Prepared for the Committee on Legislative Research
by the Oversight Division

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Committee on Legislative Research

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THE COMMITTEE ON LEGISLATIVE RESEARCH is a permanent joint committee of the Missouri General Assembly comprised of the chairman of the Senate Appropriations Committee and nine other members of the Senate and the chairman of the House Budget Committee and nine other members of the House of Representatives. The Senate members are appointed by the President Pro Tem of the Senate and the House members are appointed by the Speaker of the House of Representatives. No more than six members from the House and six members from the Senate may be of the same political party.

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Members of the General Assembly:

The Joint Committee on Legislative Research is required by Section 23.259(1)(2) to conduct a performance evaluation of the National Violent Death Reporting System (NVDRS), Section 630.915 RSMo to determine and evaluate program performance in accordance with program objectives, responsibilities, and duties as set forth by statute or regulation.

The report includes Oversight's comments on (1) the sunset, continuation, or reorganization of the program, and on the need for the performance of the functions of the program; (2) the duplication of program functions; (3) the appropriation levels for each program for which sunset or reorganization is recommended; and (4) drafts of legislation necessary to carry out the committee's recommendations pursuant to (1) and (2) above.

We hope this information is helpful and can be used in a constructive manner for the betterment of the state program to which it relates. You may request a copy of the report from the Oversight Division by calling 751-4143.

Respectfully,

Senator Tom Dempsey
Chairman

EXECUTIVE SUMMARY

The purpose of the National Violent Death Reporting System or NVDRS is to identify and assist people who are at risk of suicide and assess factors related to violent deaths. While primarily the program collects data related to suicide it also collects information on other types of violent deaths including homicide. NVDRS allows states to link data gathered from death certificates, police reports, medical examiner's reports, and coroner's reports to a central database.

In 2005 the Missouri General Assembly passed HCS HB 462 & 463 in which the Department of Health and Senior Services, in collaboration with the Department of Mental Health, was directed to seek federal funding for NVDRS and state funding should federal funds not be available. Missouri's support of the federal program was codified in law under Section 630.915 RSMo. The program did not receive state or federal funding and therefore never started. The Center for Disease Control and Prevention (CDC) did not seek grant applications for NVDRS after the passage of HCS HB 462 & 463 until 2009. In 2009, Department of Health and Senior Services (DHSS) and Department of Mental Health (DMH) personnel indicated a strong desire to apply for the NVDRS grant but the resources required to meet all application requirements and deadlines were not available. The departments believed the Missouri Death Registration System should be in place before pursuit of NVDRS could begin.

The state statute directs the departments to include this as a state funded program should federal funds not become available. At no time was a request for state funding made for the implementation of NVDRS. The program was thought of as a federal program and at no time was a state equivalent program created in absence of the federal grant. Since state funding was not requested the Missouri General Assembly had no opportunity to appropriate funds for the program if they chose to do so. The current state statute, as written in Section 630.915 RSMo provides no specific or tangible benefit in assisting Missouri with obtaining federal funding for NVDRS from the CDC. The program is considered a federal program under the Public Health Services Act, therefore the departments have the ability to apply and request appropriation authority from the General Assembly, in the future, without the statutory direction of the General Assembly.

The committee may consider two options but is not limited to the following: Extend the sunset date on Section 630.915 RSMo. for an additional 12 years or less or allow Section 630.915 RSMo to sunset August 28, 2011. NVDRS would continue, if allowed to sunset, with federal funding as the only funding source.

Chapter 1

Purpose

The General Assembly has provided by law that the Joint Committee on Legislative Research will conduct a performance evaluation of a program subject to the Missouri Sunset Act. The committee shall consider the criteria as listed in Section 23.268 RSMo. in determining whether a public need exists for the continuation of a program, or for the performance of the functions of the program. A sunset review is the regular assessment of the continuing need for a state program to exist. A sunset review answers the basic questions of what has happened to this program since its inception and does the State of Missouri continue to "need" the services provided by the program.

The Joint Committee on Legislative Research directed the Oversight Division to conduct a Sunset Review of the Department of Mental Health and the Department of Health and Senior Services National Violent Death Reporting System (NVDRS) as affirmed by Section 630.915 RSMo. The State of Missouri's support of the program was established during the 2005 legislative session when House Committee Substitute for House Bill 462 & 463, was Truly Agreed to and Finally Passed and signed by the Governor.

Oversight's review addressed, but was not limited, the following:

1. Compiling data related to NVDRS since its inception.
2. Interviewing personnel from the Department of Mental Health (DMH), Department of Health and Senior Service (DHSS), and Center for Disease Control and Prevention (CDC) with knowledge of NVDRS.
3. Research and review of the program as administered by the CDC.
4. Review of state profiles for states currently receiving funds through the CDC to support this program.

Scope

The Oversight Division researched the laws regarding NVDRS from 2005 through 2010 as well as reports and fact sheets prepared by the Missouri Department Health and Senior Services, Department of Mental Health, and CDC to gain an understanding of NVDRS, violent death, and suicide rates in the state of State of Missouri.

Methodology

The Oversight Division obtained information on the NVDRS Program through a thorough review of statutes, letter and e-mail correspondence with the Department of Health and Senior Services, Department of Mental Health, Center for Disease Control and Prevention, and interviews with personnel from the Department of Health and Senior Services and the Department of Mental Health. The program did not receive state or federal funding and therefore never started. Oversight's evaluation focused on understanding the intent of Section 630.915 RSMo, what efforts were made to meet the statutory requirement in Section 630.915 RSMo, what is NVDRS, the benefits of NVDRS, and the impact of suicide and violent death on the state of Missouri. Oversight chose to focus on what this program would look like if it had received funding by reviewing what has happened with NVDRS in other states since its inception. The review looks at what changes could be made to Section 630.915 RSMo should the General Assembly elect to continue the program since no formal program ever existed. The sunset review was designed to determine if a need for this statute continues to exist.

Background

Violence affects people from all walks of life and in all segments of society. Traumatic violence has been found to have significant psychological affect on families, communities, and workplaces. Each year the CDC estimates 50,000 violent deaths occur in the United States resulting in a cost of approximately $52 billion in medical care and lost productivity (Appendix 1). To address this issue the CDC requested and received funding from the federal government to establish the National Violent Death Reporting System (NVDRS).

The purpose of NVDRS is to identify and assist people who are at risk of suicide and assess factors related to violent deaths. While primarily the program collects data related to suicide it also collects information on other types of violent deaths including homicide. NVDRS allows states to link data gathered from death certificates, police reports, medical examiner's reports, and coroner's reports to a central database. Having all of this information in one place assists evaluators in understanding the circumstances surrounding the act of fatal violence or suicide. Before NVDRS, data in the US existed on the National Vital Statistics System; however, this database was limited in that it only provided information on who died a violent death or suicide, how it happened, and when it happened. The benefit of NVDRS to states and the federal government is the amount of detail available to evaluators on the circumstances of the person prior to their death.

NVDRS was not established at CDC with any specific legislative authority, the CDC considers the program to be part of its general authority in the Public Health Services Act which provides

the CDC authority to create surveillance systems to track and respond to injuries. The general authority under the Public Health Services Act can be found under U.S. Code Title 42 Chapter 6A Subchapter II Part J Section 280b-1 and online at http://www.law.cornell.edu/uscode/42/usc_sec_42_00000280—b001-html.

The appropriation for NVDRS was originally provided in the Senate Report of the 107th Congress (2001-2002). The 107th Congress called for CDC to develop a system for timely, complete, objective, and accurate information on violent deaths and injuries for the purpose informing, creating policy, and establishing programs within states.

The Centers for Disease Control launched the National Violent Death Reporting System (NVDRS) in 2002 to collect detailed information on homicide and suicide related deaths with an emphasis on prevention efforts. Currently the CDC receives an annual appropriation of $3.5 million to award as grants to competing states for the administration of NVDRS. At this time, 18 states have received federal grant support to participate in the program (AK, CA, CO, GA, KY, MA, MD, MI, NC, OK, NM, NJ, OR, RI, SC, UT, VA, WI). The CDC does plan to expand to all 50 states as funds become available. The grant is a cooperative agreement with project periods normally of 4 or 5 years. The project is conditioned on the availability of funds, evidence of satisfactory progress by the recipient and the determination that continued funding is in the best interest of the federal government. States must submit continuation applications each year of the project period.

After the original approval for funding to establish NVDRS, 20 states applied with 6 states receiving a federal grant to begin the program. In 2003 Congress appropriated additional funds to the CDC allowing CDC to grant funding to seven additional states bringing the total to 13 states with NVDRS. In 2004 four states were added bringing the total to 17 states within NVDRS. In 2005 the Missouri General Assembly passed HCS HB 462 & 463 in which the Department of Health and Senior Services, in collaboration with the Department of Mental Health, was directed to seek federal funding for NVDRS and state funding should federal funds not be available. From the period of 2006 - 2008 funding levels for NVDRS remained level and no additional states received funds from the federal government. State funding was not requested at any time since the passage of HCS HB 462 & 463.

In the fall of 2009 CDC announced additional funding opportunities for NVDRS awarding two additional states with one state dropping out, bringing the number of states to the current 18 states who are participating in NVDRS. At that time DHSS and DMH personnel indicated a strong desire to apply for the NVDRS grant but the resources required to meet all application requirements and deadlines were not available. DHSS and DMH personnel decided to wait for future application opportunities and are in frequent contact with CDC personnel about possible future funding opportunities for NVDRS.

An inquiry was made to DHSS on why funding was not pursued the last time it was available from the CDC. DHSS stated,

> "The Missouri Death Registration System, a subcomponent of the Missouri Electronic Vital Records System, was and continues to be in the process of being redesigned as a web-based system. Section 193.265 RSMo, authorizes DHSS to develop and maintain an electronic birth and death registration system. This was in progress when the last opportunity to request funding from CDC occurred (2009). The birth registration system was implemented January 1, 2010, and the full implementation of the death component is on target to be completed by the end of 2010 or early 2011. Since the creation of NVDRS needs to be developed in conjunction with the death registration system, it was not logical to create NVDRS prior to the completion of the death registration system. Doing so would have been an inefficient use of taxpayer dollars since the system would not have been designed to work in collaboration with the new system. DHSS plans to apply for funding from CDC at the next available opportunity now that the death registration system is nearing completion."

According to the CDC, an average grant award for NVDRS is $220,000 with a cap of $300,000. Nationwide funding for NVDRS is $3.5 million and CDC estimates $20 million would be the annual cost of a 50-state NVDRS system. The amount of funding a state receives for NVDRS is determined by the number of violent deaths occurring in the state. DHSS and DMH personnel estimate the grant amount to be sufficient to cover all expenses related to NVDRS upon implementation, without the need for state funding. After considering an estimate of the number of violent deaths that require surveillance, DHSS estimates 2.5 FTE and any related expenses for equipment would be covered under the federal grant and sufficient to meet the requirements of NVDRS.

The Funding Opportunity Announcement (FOA) from the CDC lists several activities that are requirements for the federal NVDRS grant.

a. Establish or maintain an advisory committee that will help in the development of the state violent death reporting system. Membership should include representatives from agencies that control medical examiner/coroner records, death certificates, police records, and crime laboratory data.

b. Establish, maintain or expand routine access to uniquely identifiable case information from each of the four critical data sources for deaths occurring on or after January 1, 2005.

c. Use case definition and uniform data elements developed by CDC

d. Obtain and code data from all core data sources for all cases identified. The means for obtaining data may be abstraction from the required data sources, electronic transfer or other method(s).

e. Collect and input specified child fatality review (CFR) data into the NVDRS software.

f. Develop procedures to combine information from the data sources. Maintain a unique case ID number.

g. Establish or maintain: (1) A centralized location for maintaining a secure data storage system that allows for ready access to and retrieval of your collected data; and (2) an off-site, backup storage system for all your data.

h. Transmit data free of personal identifiers electronically to CDC using software provided by CDC.

i. Develop a quality assurance program that includes a systematic review of the accuracy, completeness and timeliness of the data collection process. This should include reabstraction of a sample of cases where applicable, and monitoring of time intervals from death to case completion, as well as routine checks to identify duplicate cases.

j. Evaluate the surveillance system annually using standard guidelines. These include: simplicity, flexibility, data quality, acceptability, sensitivity, predictive value positive, representativeness,

Flexibility does exist in the grant in terms of how it can be used. The main purpose of the funds is to support and maintain the NVDRS system and provide violent death information to the CDC. In addition to these requirements, the CDC requires support personnel to attend CDC required training and meetings with grant funds. DHSS personnel have not indicated any known contracts in other states with other state agencies, such as medical examiners, coroners, and state police, for the purpose of gathering information. NVDRS is considered a collaborative effort on the part of several state agencies, an advisory committee in each state is to include members from each of the participating agencies. Support contracts are included in the grant as an acceptable expense if the administering organization believes it is necessary to obtain the data required for NVDRS. If NVDRS becomes a reality in Missouri it is unknown what data would be required that DHSS and DMH evaluators do not already have and therefore need in order to complete a case review. Grant funds would be able to be used for third party contracts but the amount is unknown.

Chapter 2

Comments

The goal of NVDRS is to provide communities with a clearer understanding of violent deaths so that attempts can be made to prevent them. This is accomplished by informing decision makers about the characteristics of violent deaths and what prevention efforts can be taken. NVDRS allows for constant evaluation to occur related to prevention and program strategy. Different data elements within NVDRS include; victim characteristics, incident information, toxicologic information, suicide method, state added variables (variables unique to a specific state), mental health information, associated circumstances such as family, health, job, and school related issues, and a child fatality review module.

NVDRS has benefitted states across the country such as in Maryland. Researchers learned that most women and few men were actually receiving treatment for mental health issues at the time of suicide. NVDRS revealed a troubling trend because male suicide rates are four times higher than female. The state of Maryland determined an appropriate response to the problem was to determine how the male population can be reached and in what place when dealing with suicidal thoughts and feelings. NVDRS data pointed to focusing on majority male professions such as construction, by encouraging employers to implement prevention programs as a way to respond to the findings from NVDRS. NVDRS has identified other high risk populations; which has led to changes in how suicide is addressed such as, screening programs in juvenile justice facilities and leading an effort in Oregon to have physicians who provide care to elderly patients improve their skills in identifying at risk senior citizens. Other benefits and findings as reported by the CDC can be found in (Appendix 2). The CDC believes this analysis points to the direction in which states should focus their prevention efforts and illustrates the benefits NVDRS can provide.

Prevention Strategies Learned from NVDRS

- Prevention should focus on enhancing social problem solving and coping skills to better deal with stressful life events, health, financial problems, and problems with interpersonal relationships.
- Intervention should come much earlier by teaching young people the skills necessary to develop and promote nonviolent intimate and interpersonal relationships.
- Findings indicate a need to reach out to those suffering from mental illness and substance abuse problems
- Reduce the stigma surrounding the issue of mental illness
- Increase accessibility to treatment

Source: Surveillance for Violent Deaths --- National Violent Death Reporting System, 16 States, 2006, Debra L. Karch, PhD, et al, http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5801a1.html

Current Suicide Prevention in Missouri

While Missouri is not part of NVDRS at this time, the state is engaged in prevention efforts to address the warning signs and stigma surrounding suicide and mental illness. The Department of Mental Health currently focuses on youth ages 10-24 in its prevention efforts. Funding for these efforts comes primarily from the Youth Suicide Prevention Grant. DMH offers training and literature to schools and other interested groups throughout the entire state. The training and literature DMH provides covers the warnings signs of suicide, how to ask someone if they are having thoughts of suicide, and how to get help. DMH uses existing data to assist in prioritizing suicide prevention efforts when available. DHSS provides DMH with basic demographic information available on the death certificate: age, sex, race, county and method of suicide. DMH recently engaged in a billboard campaign promoting the National Suicide Prevention Lifeline. Data analysis of the data provided by DHSS determined the counties in Missouri with the 10 highest youth suicide rates and billboards were placed in those counties to bring awareness to the issue of suicide.

DMH does share findings from any NVDRS report published by the CDC to public health officials, schools, and any other interested groups but since Missouri is not a participating state in NVDRS, DMH places a disclaimer on the reports, "the data is not a representative sample and cannot be generalized to the entire U.S. population or the state of Missouri." If NVDRS was implemented in Missouri prevention efforts and treatment of mental health issues related to suicide and traumatic death would change based upon the knowledge learned

Benefits of State Statute

The CDC has indicated the current state statute, as written in Section 630.915 RSMo provides no specific or tangible benefit in assisting Missouri with obtaining funding for NVDRS. It is not considered a requirement in the application process, but can be viewed as a method of formal support across all of branches of government in Missouri for NVDRS. According to the CDC,

> "States are not required to have a state statute to apply for NVDRS funding. While having a statute could enhance a state's application for NVDRS funding, no specific benefit is assigned in the evaluation criteria regarding having a state statute."

When reviewing the existing statute Section 630.915 RSMo and documentation related to NVDRS from DHSS and DMH the question of why this program never started or why an attempt to start the program never happened should be asked? Should the General Assembly take a second attempt at NVDRS or a state equivalent program versus removal of the statute from codified law? Why was the General Assembly unaware of the funding problems related to NVDRS and should have the Department of Health & Senior Services in collaboration with the Department of Mental Health communicated with the General Assembly what issues they were having in the implementation of the program?

The statute in Section 630.915 RSMo. subsections 1 & 2 reads,

> "630.915. 1. The department of mental health, in consultation with the department of health and senior services, shall seek funding from the Centers for Disease Control and Prevention to participate in the National Violent Death Reporting System (NVDRS) to obtain better information about violent deaths, including suicide."
>
> "2. If such funding under subsection 1 of this section is not available to the state of Missouri, on or before July 1, 2006, the department of mental health, in consultation with the department of health and senior services and subject to appropriation, shall develop a state-based reporting system based on the National Violent Death Reporting System that will provide information needed to accurately assess the factors causing violent deaths, including suicide."

The Department of Health & Senior Services and the Department of Mental Health did not seek or apply for federal funding for NVDRS at any time, from the inception of NVDRS at the CDC in 2002, or after HB 462 & 463 was passed in 2005, to the present. The statute directs the departments to include this as a state funded program should federal funds not become available. At no time was a request for state funding made for the implementation of NVDRS. By codifying HB 462 & 463 into law the General Assembly directed this program to be implemented regardless of the funding type. It is unknown whether the departments could have secured federal funds for NVDRS because they did not apply.

At no time after July 1, 2006 did the departments seek state funding as required by Section 630.915 RSMo. The department's belief as to whether the General Assembly would approve state funding for an NVDRS equivalent program should not preclude the department from making the request. By including NVDRS as a line item request in their annual budget request to the General Assembly, it would serve the purpose of updating the General Assembly on the status of the program and the efforts the departments are making to be in compliance with Section 630.915 RSMo. If a program is required by law, but subject to appropriations, and then placed under the administration of a department, the department has on obligation to ask for the funding, giving the Legislature an opportunity to fund the program with an up or down vote.

In addition, the enabling legislation in Section 630.915 RSMo lacks the necessary reporting requirements and safeguards to ensure the continued application for federal funding or the initiation of a state program. The lack of safeguards and reporting requirements prevented

effective communication between the departments and the General Assembly on the status of NVDRS. Section 630.915 RSMo lacks a mechanism for the departments to provide feedback to the General Assembly, therefore providing the General Assembly no check in the progress and implementation of NVDRS.

At the time of passage the fiscal note prepared by Oversight, "assumed DMH will receive federal funds from the Centers for Disease Control and Prevention to participate in the National Violent Death Reporting system." Oversight presented a $0 balance in federal funds and listed an unknown amount for the cost to the Department of Mental Health. Why was the cost unknown at the time of passage? Since the statute indicates,

> "if federal funds are not available to the state of Missouri, on or before July 1, 2006, the department of mental health, in consultation with the department of health and senior services and subject to appropriation, shall develop a state-based reporting system based on the National Violent Death Reporting System."

The Departments of Mental Health and Health & Senior Services failed to consider the possibility that federal funding may not be available at the time of passage. Proper estimates and assumptions related to funding a state equivalent program should have been included in the fiscal note and provided to Oversight since the possibility of not receiving federal funds existed. The costs associated with implementation of the program as presented in the fiscal note did not account for the possible costs to state resources for implementation of the program as required by state law.

The CDC estimates an average grant award of $220,000 for each state with a cap of $300,000. This information would have been available before the passing of HB 462 & 463 and should have been included in the estimated fiscal impact to state government in the final fiscal note, regardless of the state's ability to fund the program on its own. The statute requires the creation of NVDRS using federal funds or state funds to develop an equivalent state program. By not requesting state funds in the absence of federal funds the agency prevented the Legislature from having the opportunity to provide state funding for a state based reporting system.

Recommendations

When considering possible options for this program it should be noted, DHSS/DMH have indicated they would pursue NVDRS when the electronic death registration system is fully implemented and the CDC provides a funding opportunity announcement. The current state statute supports existing federal law and allows for state funding should federal funding not be available. Possible options for the committee to consider include:

- Extend the sunset date on Section 630.915 RSMo for an additional 12 years or less. This would allow sufficient time for the departments to implement NVDRS with federal or state funding. It is recommended that if the sunset is extended that changes be made to the statute to ensure proper reporting, communication, and the progress of NVDRS implementation.

- Allow NVDRS as created in Section 630.915 to sunset effective August 28th, 2011. Elimination of the program in statute or removal of the sunset date will prevent an automatic review of NVDRS. Indications from both DHSS and DMH personnel are that NVDRS will move forward when the groundwork of the electronic death reporting system is in place and the CDC begins seeking new applications. Section 630.915 RSMo is viewed by DHSS and DMH as having no impact on their ability to obtain funding from the CDC in support of NVDRS since it is a federal program. Allowing Section 630.915 RSMo to sunset will make federal funds the sole funding source for NVDRS.

Appendix 1:

FACTS ABOUT SUICIDE

- Suicide claims more than 29,500 American lives each year
- Ranked 11th cause of death in the U.S
- The rate of suicide is 10.8 per 100,000 equaling 1.3% of all deaths
- Average 1 person every 17.2 minutes commits suicide
- For each completed suicide, as many as 25 people will make a non-lethal attempt

Suicide affects everyone

- Suicide is the 3rd leading cause of death for youth age 15 - 24
- 19% of students have 'seriously considered' attempting suicide
- 8% have made a suicide attempt
- Elderly account for 18.1% of completed suicides
- Over the age of 65, there is 1 suicide for every 4 attempts
- 75% have seen a primary care physician within a month of their suicide

The economic burden of suicide.

- Average medical cost per completed suicide exceeds $2,000
- Average work-lost cost per case exceeds $800,000
- Each day, as many as 10 suicide attempters are hospitalized
- The medical cost per attempt averages $7,500
- The work-lost cost per case can be as high as $10,000
- The hospitalized rate for suicide attempts is 64.2 per 100,000

More Missourians die by suicide than by DWI, homicide, or AIDS.

- Suicide is the 11th leading cause of death in Missouri

- On average 707 Missourians die by suicide annually
- Leading methods of suicide: firearms, suffocation, and poisoning
- Men account for 78% of completed suicides; women 22%
- 93% White non-Hispanics; 6% Black/African-American of completed suicides

Sources:
American Association of Suicidology, average 1999, 2000, 2001 Official Data Pages. www.suicidology.org
Suicide Rate = (number of suicides by group ÷ population of group) X 100,000
Youth Risk Behavior Survey, 2001. Centers for Disease Control. www.cdc.org
Suicide Prevention Resource Center, Missouri Suicide Prevention Fact Sheet; www.sprc.org
Missouri Department of Health & Senior Services, Vital Statistics; Table 19 2002, 2001, 2000 www.dhss.mo.gov/VitalStatistics/
MDHSS, Death MICA Statistics. 2002, 2001, 2000 averages. www.dhss.mo.gov/MICA/

Appendix 2:

"Surveillance for Violent Deaths" – National Violent Death Reporting System

Reporting Period - 2006

Analysis includes a total of 15,007 fatal incidents involving 15,395 violent deaths occurring in the 16 states participating in NVDRS.

- 55.9% of deaths were suicides
- 28.2% homicides and deaths involving legal intervention (e.g. a suspect is killed by a law enforcement officer in the line of duty
- 15.1% violent deaths of undetermined intent
- 0.7% unintentional firearm deaths
- Suicides occurred at higher rates among males
- Violent Deaths among American Indians/Alaska Natives (AI/ANs), non-Hispanic whites, and persons aged 45--54 years occurred most often in a house or apartment and involved the use of firearms.
- Suicides were precipitated primarily by mental-health, intimate-partner, or physical-health problems or by a crisis during the preceding 2 weeks.
- Homicides occurred at higher rates among males and persons aged 20--24 years;
- Rates were highest among non-Hispanic black males.
- The majority of homicides involved the use of a firearm and occurred in a house or apartment or on a street/highway.
- Homicides were precipitated primarily by arguments and interpersonal conflicts or in conjunction with another crime. Other manners of death and special situations or populations also are highlighted in this report.

Source: Surveillance for Violent Deaths --- National Violent Death Reporting System, 16 States, 2006, Debra L. Karch, PhD, et al, http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5801a1.htm

Appendix 3:

STRENGTHS OF NVDRS DATA

- Includes all suicide and homicide deaths in a state; identifies local issues and trends.
- NVDRS Supplies far greater detail on suicides than was previously available. Supplies circumstance, mental health, and toxicologic data.
- Case counts available within 6-12 months; more detailed data available after 18-24 months.
- Confidentiality protected; no identifiers released.
- Large numbers enable researchers to focus on little-studied subsets like immigrants, homeless people, railroad suicides, etc.

LIMITATIONS OF NVDRS DATA

- New system; uneven quality
- Quality depends on many steps: did the police/coroner/medical examiner ask questions to elicit the information?
- Did someone know the answer and reveal it?
- Were the answers documented?
- Was the NVDRS abstractor allowed access to the report?
- Was it coded and entered into NVDRS accurately?
- Answers are likely to vary across jurisdictions, limiting the reliability of cross-jurisdictional comparisons.
- Many data elements do not differentiate "no" and "unknown," making it difficult to interpret results.
- If one state reports that 10% of suicide decedents had a drug problem and another reports 25%, the difference may be true differences between the two groups or it may be an artifact of reporting (e.g. the medical examiner in one state infrequently asks this information).
- Toxicologic testing policies, methods and screening detection limits vary across jurisdictions, limiting interpretability of then toxicologic data.
- Confidentiality concerns have placed limits on release of some useful data elements.

Source: NVISS Fact Sheet, NVDRS and Suicide. How the National Violent Death System is Being Used to Prevent Suicide. Suicide Prevention Resource Center. Harvard Injury Control Resource Center. http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5801a1.htm, 2007.